

2056

| ARIZONA STATE DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS | | | | State File No. 215 |
|---|---|--|--|--|
| STANDARD CERTIFICATE OF DEATH DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS | | | | Registrar's No. |
| 1. Place of Death: (a) County <u>Maricopa</u> | | (b) City or Town <u>Wickenburg</u> | | (c) Location <u>Wickenburg Hosp. Inc.</u> |
| (d) Length of Stay: In Hospital or Institution <u>7 days</u> | | In Community <u>17 days</u> | | (St. & No. (or) Name of Institution) <u>13 yrs</u> |
| 2. Usual Residence of Deceased: (a) State <u>Calif.</u> | | (b) County <u>Los Angeles</u> | | (c) City or Town <u>Lancaster</u> |
| (d) Street No. <u>Lancaster Calif. Box 589</u> | | (e) Citizen of foreign country (Yes or No) | | (If outside city limits also write RURAL) |
| 3. (a) FULL NAME <u>Norman Edmund Downard</u> | | (b) If Veteran name war <u>NO</u> | | (c) Social Security No. <u>526-01-5634</u> |
| 4. Sex <u>Male</u> | 5. Race <u>White</u> <input checked="" type="checkbox"/> Indian <input type="checkbox"/> Negro <input type="checkbox"/> Oriental <input type="checkbox"/> | 6. (a) Single, married, widowed or divorced <u>Married</u> | | |
| 6. (b) Name of husband or wife <u>Nina Downard</u> | | 6. (c) Age of husband or wife, if alive <u>38</u> yrs. | | |
| 7. Birthdate of deceased <u>May 13 1901</u> | | (Month) (Day) (Year) | | |
| 8. AGE: Years <u>43</u> Months <u>2</u> Days <u>4</u> | | If less than one day hrs. min. | | |
| 9. Birthplace <u>Potosi Mo.</u> | | (City, town or county) (State or Country) | | |
| 10. Usual Occupation <u>Lumberman</u> | | 11. Industry or Business <u>Lumber</u> | | |
| Father | 12. Name <u>John Downard</u> | 13. Birthplace <u>Potosi Mo.</u> | | |
| | (City, town or county) (State or Country) | | | |
| Mother | 14. Maiden Name <u>Rena Flower</u> | 15. Birthplace <u>Caledonia Mo.</u> | | |
| | (City, town or county) (State or Country) | | | |
| 16. (a) Informant's own signature <u>Nina Downard</u> | | (b) Address <u>Lancaster Calif. Box 589</u> | | |
| 17. (a) Burial, Cremation or Removal <u>Burial</u> | | (b) Place <u>Wickenburg Ariz.</u> (c) Date <u>7/19/44</u> | | |
| 18. (a) Embalmer's Signature <u>H. L. Coffing</u> | | (b) Funeral Director <u>H. L. Coffing</u> | | |
| (c) Address <u>Wickenburg Ariz.</u> | | | | |
| 19. (a) <u>7-19-44</u> (Date received Local Registrar) | | (b) <u>Normi Coffing</u> (Registrar's Signature) | | |
| 20. DATE OF DEATH (Month, day and year) <u>July 17 1944</u> | | | | |
| TIME (Hour and minute) <u>3:45 A.M.</u> | | | | |
| 21. I hereby certify that I attended the deceased from <u>July 10</u> to <u>July 17</u> | | | | |
| that I last saw him alive on <u>July 17</u> | | | | |
| and that death occurred on the date and hour stated above. | | | | |
| Immediate cause of death <u>Pulmonary Embolus</u> | | | | |
| Due to <u>gall bladder surgery</u> | | | | |
| Due to <u>CHOLELITHIASIS</u> | | | | |
| Other conditions (Include pregnancy within 3 months of death) | | | | |
| Major findings: Of operations | | | | |
| Of autopsy <u>Pulmonary Embolus</u> | | | | |
| 22. If death was due to external causes, fill in the following: | | | | |
| (a) Accident, suicide or homicide (specify) | | | | |
| (b) Date of occurrence | | | | |
| (c) Where did injury occur? (City or Town) (County) (State) | | | | |
| (d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) | | | | |
| While at work? (e) Means of injury | | | | |
| 23. Signature <u>F. L. B. Harrison</u> M. D. | | | | |
| Address <u>Wickenburg Ariz.</u> Date signed <u>7/19/44</u> | | | | |